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Bib Data Sheet

CONFIRMATION NO. 8163

<b>SERIAL NUMBER</b> 09/928,890	<b>FILING DATE</b> 08/13/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1616	<b>ATTORNEY DOCKET NO.</b> 266/067	
<b>APPLICANTS</b> George B. McDonald, Bellevue, WA; Nicholas Stergiopoulos, Miami, FL;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 11/28/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> KATTEN MUCHIN ZAVIS ROSENMAN C/O PATENT ADMINISTRATOR 525 WEST MONROE STREET SUITE 1600 CHICAGO ,IL 60661-3693					
<b>TITLE</b> Method of treatment of cancer by controlling graft-versus-leukemia using topical active corticosteroids					
<b>FILING FEE RECEIVED</b> 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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CONFIRMATION NO. 8163

<b>SERIAL NUMBER</b> 09/928,890	<b>FILING DATE</b> 08/13/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 266/067	
<b>APPLICANTS</b> George B. McDonald, Bellevue, WA; Nicholas Stergiopoulos, Miami, FL;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 11/28/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 22249					
<b>TITLE</b> Method of treatment of cancer by controlling graft-versus-leukemia using topical active corticosteroids					
<b>FILING FEE RECEIVED</b> 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		